



CONFIRMATION NO. 8485

Bib Data Sheet

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## APPLICANTS

Rohan Coelho, Portland, OR;

Michael J. Payne, Beaverton, OR;  
Robert Adams, Portland, OR;

*R-S6.*  
*verified*

*None*  
*None*

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY OR	DRAWING 8	CLAIMS 27	CLAIMS 4
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____				

## ADDRESS

James H. Salter  
**BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP**  
 Seventh Floor  
 12400 Wilshire Boulevard  
 Los Angeles , CA  
 90025-1026

## TITLE

Consent system for accessing health information

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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